

Attachment 3.1-B

Page -- 9

State: NEW MEXICO

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described
27 and limited in Supplement 3 to Attachment 3.1-A.

_____ provided X not provided

STATE <u>New Mexico</u>	A
DATE RECD <u>12-31-98</u>	
DATE CRED <u>2-26-99</u>	
DATE CH <u>10-1-98</u>	
NOA # <u>98-12</u>	

SUPERSEDES: NONE - NEW PAGE